S. No. 2
M—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1945

Registration District No. 377

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 14603

Registrar's No. 146

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 36

(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")

(d) Street No. 131 Aldridge Street 3
(If rural, give location)

(e) Citizen of foreign country? Yes 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME RUSAN, CHARLES FRANK

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Sally Rusan

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 5 (Day) 1895 (Year)

8. AGE: Years 49 | Months 11 | Days 11 | If less than one day hr. min.

9. Birthplace Franklin County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Scullen Steel Corp.,

FATHER
12. Name Frank Rusan
13. Birthplace (City, town, or county) Virginia (State or foreign country) 1

MOTHER
14. Maiden name Julie Buriel
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant St. Louis County Hospital
(b) Address 501 Brentwood Boulevard

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem

18. (a) Signature of funeral director John H. Hemphill
(b) Address 408 So. Filmore Ave. Kirkwood

19. (a) MAR 23 1945 (Date received local registrar) (b) E. G. McCausen (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
year 1945 hour Nine minute P M.

21. I hereby certify that I attended the deceased from March 9th, 1945, to March 16th, 1945; that I last saw him alive on March 16th, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Malignant Arteriolar Nephrosclerosis	6 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1/4 a
Of autopsy As above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Morris Alex M.D. (M. D. or other)
Address St. Louis County Hosp. Date signed 3/20/45

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by my self, Registered Apprentice No. ....., working under my personal supervision.

Signed M C Houston, Jr.

Licensed Embalmer No. 2266.

P. O. Address 2812, Thomas, St Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.